PAGE 1 / 28

1 _

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Authorize	ed Committee	Office Use Only
NAME OF COMMITTEE (in full)		cample: If typing, type er the lines.	12FE4M5
AMERICAN ASSOCIATIO	N OF ORAL AND MAXILLOF	ACIAL SURGEONS F	POLITICAL ACTION COMMITTEE
ADDRESS (number and street)	9700 WEST BRYN MAWR AVE.		
Check if different than previously reported. (ACC)	ROSEMONT		IL 60018 -
2. FEC IDENTIFICATION NU	JMBER ▼ CITY ▲		STATE ▲ ZIP CODE ▲
C C00005660	3. IS THIS REPORT	T NEW (N) OR	X AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) January 31	PRE-Election Report for the:	Jun 20 (M6)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12S)
Year-End Report (Y July 31 Mid-Year Report (Non-electio Year Only) (MY) Termination Report (TER)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S) in the State of
5. Covering Period 08		through 08	31 2018
I certify that I have examined th Type or Print Name of Treasure	is Report and to the best of my kn Wallen, Jeffrey, , , r	owledge and belief it is tr	rue, correct and complete.
Signature of Treasurer Walle	n, Jeffrey, , ,	[Electronically Filed]	Date 09 / 19 / 2018
NOTE: Submission of false, errone	eous, or incomplete information may	subject the person signing t	this Report to the penalties of 52 U.S.C. § 3010
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)
Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2018		713427.58
(b) Cash on Hand at Beginning of Reporting Period	650951.21	
(c) Total Receipts (from Line 19)	5917.45	78294.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	656868.66	791722.31
Total Disbursements (from Line 31)	118399.95	253253.60
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	538468.71	538468.71
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	55.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

I. Receipts	COLUMN A	COLUMN B
1. Contributions (other than loans) From:	Total This Period	Calendar Year-to-Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	5750.00	71450.00
(ii) Unitemized	125.00	4510.00
(iii) TOTAL (add		7770000
Lines 11(a)(i) and (ii)▶	5875.00	75960.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	4 4	4 4
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	5875.00	75960.00
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	45 45	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	2000.00
7. Other Federal Receipts		204.70
(Dividends, Interest, etc.)	42.45	334.73
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(IIIIIII Galloudia 110)	4 4	4 4
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (iroini ocinedule 115)	4 4	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Passints (add Lines 11/4)		
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5917.45	78294.73
0. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5917.45	78294.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Allocated Federal/Non-Federal		Calcinal Toul to Butt
(Activity (from Schedule H4)	222	
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	4 4
	Expenditures	49.95	5028.60
(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	49.95	5028.60
	ransfers to Affiliated/Other Party	0.00	0.00
	Committees Contributions to	0.00	0.00
F	ederal Candidates/Committees	119000 00	247500.00
	and Other Political Committees	118000.00	247000.00
	ndependent Expenditures use Schedule E)	0.00	0.00
(Coordinated Party Expenditures	7 7	7 7
(52 U.S.C. § 30116(d)) use Schedule F)	0.00	0.00
•	•	4 4	
L	oan Repayments Made	0.00	0.00
		45 45 45	4 4
Ļ	oans Made Refunds of Contributions To:	0.00	0.00
	a) Individuals/Persons Other		
	Than Political Committees	350.00	725.00
,			
`.	b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
,	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	350.00	725.00
(Other Disbursements (Including		
	Non-Federal Donations)	0.00	0.00
	,	4 4	4 4
	Federal Election Activity (52 U.S.C. § 30101(2	20))	
(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	b) Federal Election Activity Paid	0.00	0.00
'	Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
`	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	(10) (10)	0.00	0.00
٦	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	119200.05	252252 60
_	, , , , , , , , , , , , , , , , , , , ,	118399.95	253253.60
٦	otal Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
f	rom Line 31)	118399.95	253253.60
	ŕ	45 1 45 1 45	255255.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 5875.00 75960.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 350.00 725.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 75235.00 5525.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 49.95 5028.60 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 49.95 5028.60 (subtract Line 37 from Line 36)

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	6	OF	28
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Busino, Lawrence, , , Date of Receipt Mailing Address 2 Executive Park Dr 2018 City Zip Code State Transaction ID: SA11AI.30923 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oral Surgeon Albany OMS Group Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hale, Michael, , , Date of Receipt Mailing Address 400 S Colorado Blvd 80 2018 Ste 450 City State Zip Code Transaction ID: SA11AI.30925 CO Denver 80246 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Colorado Oral Surgery Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hayes, Curtis, , , Date of Receipt Mailing Address 1771 Cherokee Trl 2018 City State Zip Code Transaction ID: SA11AI.30916 CO Lafayette 80026 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Coal Creek Oral Surgery and De Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FC	R	LINE	NU	MBER	:	PAGE		7	OF		28	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Heggland, Karl, , , Date of Receipt Mailing Address 94 Snow Peak Ct 2018 City State Zip Code Transaction ID: SA11AI.30921 CO Dillon 80435 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Oral Surgeon Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lerner, Krista, , , Date of Receipt Mailing Address 1325 Hover St Ste 101 2018 City State Zip Code Transaction ID: SA11AI.30922 CO Longmont 80501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Padgett, Thomas, , , Date of Receipt Mailing Address 3011 Harrington Manor 22 2018 City State Zip Code Transaction ID: SA11AI.30930 VAMidlothian 23113 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

FEC Schedule A (Form 3X) Rev. 06/2016

1250.00

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	8	OF	28
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Payne, Brandon, , , Date of Receipt Mailing Address 4728 Eagleridge Cir 2018 Ste 110 City State Zip Code Transaction ID: SA11AI.30915 CO Pueblo 81008 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Brandon C Pavne DDS MD Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Plevnia, Julia, , , Date of Receipt Mailing Address 46796 Silver Fir St 80 2018 City State Zip Code Transaction ID: SA11AI.30920 CO Parker 80138 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Russell, Randall, , , Date of Receipt Mailing Address 25312 E Glasgow PI 2018 City State Zip Code Transaction ID: SA11AI.30926 CO Aurora 80016 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	9	OF	28
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sacco, Debra, , , Date of Receipt Mailing Address 25307 Ludwell 18 2018 City Zip Code State Transaction ID: SA11AI.30917 NC Chapel Hill 27517 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Seidel, John, , , Date of Receipt Mailing Address 1345 S Division St 31 2018 Suite 102 City State Zip Code Transaction ID: SA11AI.30919 MD Salisbury 21804 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Employed Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Steed, Martin, , , Date of Receipt Mailing Address 173 Ashley Ave 22 2018 Rm 453 City State Zip Code Transaction ID: SA11AI.30924 SC Charleston 29425 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MUSC College of Dental Medicin Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

-

Name of Employer (for Individual)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

McRae/Wilson OMS Group

Other (specify)

Receipt For:

Primary

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	_ ′	10	OF	28
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	X	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sullivan, Steven, , , Date of Receipt Mailing Address 1000 N Lincoln Blvd Ste 2000 2018 City State Zip Code Transaction ID: SA11AI.30929 OK Oklahoma City 73104 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) The University of Oklahoma Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Urquhart, Robert, , , Date of Receipt Mailing Address 8400 Osuna Rd NE 80 80 2018 Ste 4B City State Zip Code Transaction ID: SA11AI.30928 NM Albuquerque 87111 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Robert C. Urquhart, DDS PC Oral Surgeon Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Wilson, G Trent, , , Date of Receipt Mailing Address 5565 Murray Rd. Ste 102 14 2018 City Zip Code State Transaction ID: SA11AI.30918 TN Memphis 38119 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee.

Occupation (for Individual)

250.00

Oral Surgeon

Aggregate Year-to-Date ▼

5750.00	····· •		_	,	Ξ	Ξ	,	_	1750.00
					_	_			
	····· >	L	_		_	_		_	5750.00

Memo Item

		LINE			:	PAGE	= 1	11	OF	2	28
Use separate schedule(s) for each category of the	(che	ck only	or	ne)							28
Detailed Summary Page		11a		11b		11c		12	_		
		13		14		15		16	- [K	17
					,						

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MB Financial Bank Date of Receipt Mailing Address 6111 North River Rd 2018 31 City State Zip Code Transaction ID: SA17.30933 IL Rosemont 60018 Amount of Each Receipt this Period FEC ID number of contributing C 42.45 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Interest Receipt For: Aggregate Year-to-Date ▼ Primary General 334.73 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 42.45 SUBTOTAL of Receipts This Page (optional)..... 42.45 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	FOR LINE					IE NUMBER: PAGE 12 OF 28								
ITEMIZED DISBURSEMENTS	Use sep	parate schedule(s) category of the		heck	only	y one)								
		Summary Page			21b	22		23		26	27			
[28a	28b		28c		29	30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may ame and add	not be sold or use dress of any politica	ed by al com	any ımitt	perso ee to	n for the solicit co	purp ntribu	ose c utions	fror	n such	contributions committee.			
NAME OF COMMITTEE (In Full)	ANID 144	VII I O E A O I A I	01.10	~ =					` T.					
AMERICAN ASSOCIATION OF ORAL	. and Ma.	XILLOFACIAL	SUR	GE —	ONS	5 FOLITICAL ACTION COMMITTEE								
Full Name (Last, First, Middle Initial)						Data of Dishurament								
A. MB Financial Bank					Date of Disbursement									
Mailing Address 6111 North River Rd				08 03 2018										
City	State	Zip Code				FEC Id	lantifi	cation	. Nu	mhor				
Rosemont	IL	60018					enun	CallOI	I INU	IIIDei				
Purpose of Disbursement Bank Fee				7	٦l	C								
Candidate Name			0-4-		.,					SB21B.	30934 nt this Period			
			Cate Ty	egory ype	"	Amoun	LOIL	zacn	DISL	urseme	ii tiiis Period			
Office Sought: House Disburs	ement For:					١				- T	49.95			
Senate	Primary	General					,			,				
State: District:	Other (spe	ecity) 🔻				Me	emo I	tem						
Full Name (Last, First, Middle Initial)														
В.						Date of	f Dis	burse	men	t				
						М = М	/	D	D	/ Y	YYY			
Mailing Address						-	-	-	-					
City	State	State Zip Code						catior	n Nu	mber				
Purpose of Disbursement								C						
Candidate Name		Category/						Amount of Each Disbursement this Period						
Office Sought: House Disburs	ement For:		1)	/pe		-								
Senate	Primary	General							_	7	1 45			
President	Other (spe	ecify)				☐ Me	emo I	tem						
State: District:						Ш								
Full Name (Last, First, Middle Initial) C.						Date o	f Dis	burse	men	t				
						M M		D	D	/ Y	YYY			
Mailing Address							1	L.	_	L.				
City	State	Zip Code				FEC Id	lentifi	catior	n Nu	mber				
Purpose of Disbursement				-	\neg	С								
					Ш									
Candidate Name		Category/ Type						Amount of Each Disbursement this Period						
Office Sought: House Disburs	ement For:													
Senate	Primary	General								,				
State: District:	Other (spe	ecify) ▼				Me	emo I	tem						
State: District:						_								
SUBTOTAL of Disbursements This Page (optional))				•						49.95			
TOTAL This Period (last page this line number on	h. A							-		-	49.95			

SCHEDULE B (FEC Form 3X)	Lien congrato cohodulo(c)	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only o	ne) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or used		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL S	URGEONS	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. BERA FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 582496			08 13 2018
ELK GROVE	State Zip Code CA 95758		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution			C C00461061 Transaction ID : SB23.30866
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	nent For: 2018 Primary	1,750	2000.00
State: CA District: 07	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. BRADY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 8277			08 13 2018
City THE WOODLANDS	State Zip Code TX 77387		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution	17301		C C00311043
Candidate Name	, i	Category/ Type	Transaction ID: SB23.30867 Amount of Each Disbursement this Period
Office Sought: X House Disburser Senate	nent For: 2018 Primary 🗶 General		5000.00
State: TX District: 08	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. BUDDY CARTER FOR CONGRES	SS		Date of Disbursement
Mailing Address PO BOX 10570			08 13 2018
SAVANNAH	State Zip Code GA 31412		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution Candidate Name	[C C00543967 Transaction ID : SB23.30869
		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Senate President Disburser	nent For: 2018 Primary General Other (specify)		2500.00 Memo Item
State: GA District: 01			Memo item
SUBTOTAL of Disbursements This Page (optional)		······	9500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Llea congrate cohodula/a	FOR LINE NUMBER: PAGE 14 OF 2
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 x 23 26 27 28a 28b 28c 29 30b
Any information copied from such Reports and State	ments may not be sold or used	d by any person for the purpose of soliciting contributions
		Il committee to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUII) AMERICAN ASSOCIATION OF ORAL.	AND MAXILLOFACIAL S	SURGEONS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. CARPER FOR SENATE		Date of Disbursement
Mailing Address PO BOX 2882		08 13 2018
City WILMINGTON	State Zip Code DE 19805	FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution	[C C00349217 Transaction ID : SB23.30868
Candidate Name		Category/ Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For: 2018 Primary x General	5000.00
State: DE District: 00	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial) B. CITIZENS TO ELECT PHIL ROE	TO CONGRESS	Date of Disbursement
Mailing Address PO BOX 3218		08 13 2018
City JOHNSON CITY	State Zip Code TN 37602	FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution		C C00444471 Transaction ID : SB23.30885
Candidate Name		Category/ Type Amount of Each Disbursement this Period
Office Sought: X House Disburse Senate	ment For: 2018 Primary 🗶 General	3000.00
State: TN District: 01	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial) C. COMMITTEE TO RE-ELECT NYDIA M	. VELAZQUEZ TO CONG	
Mailing Address 315 INSPIRATION LANE		08 13 2018
City GAITHERSBURG Purpose of Disbursement	State Zip Code MD 20878	FEC Identification Number
Federal Campaign Contribution Candidate Name	[Category/ Category/ Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For: 2018 Primary General	Type 2000.00
State: NY District: 07	Other (specify) ▼	Memo Item
SUBTOTAL of Disbursements This Page (optional).		10000.00
TOTAL This Period (last page this line number only	·)	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 15 OF 2	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	-
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	· ·		
Full Name (Last, First, Middle Initial) A. DOYLE FOR CONGRESS COMM Mailing Address 205 HAWTHORNE CT	ITTEE		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PITTSBURGH	State Zip Code PA 15221		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution Candidate Name	1,522	Category/ Type	C C00290064 Transaction ID : SB23.30912 Amount of Each Disbursement this Period
Office Sought: X House Disburser	nent For: 2018 Primary	Туре	3000.00 Memo Item
B. DR. BRIAN BABIN FOR CONGRE Mailing Address PO BOX 159	SS		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WOODVILLE Purpose of Disbursement Federal Campaign Contribution Candidate Name	State Zip Code TX 75979	Cotogony	FEC Identification Number C C00553859 Transaction ID: SB23.30865 Amount of Each Disbursement this Period
Office Sought: X House Disburser	ment For: 2018 Primary	Category/ Type	2000.00 Memo Item
Full Name (Last, First, Middle Initial) C. DUFFY FOR WISCONSIN			Date of Disbursement
Mailing Address PO BOX 538	Otata Zin Oada		08 23 2018
City WAUSAU Purpose of Disbursement Federal Campaign Contribution Candidate Name	State Zip Code WI 54402	Category/ Type	C C00464339 Transaction ID: SB23.30903 Amount of Each Disbursement this Period
Office Sought: X House Disburser	ment For: 2018 Primary		1000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		······•	6000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)	Han apparate astronomy	FOR LINE	I VOIVIDEI I.	AGE 16 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny		07
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or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION	COMMITTEE
Full Name (Last, First, Middle Initial)				
A. ELISE FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 500			08 23	2018
GLENS FALLS	State Zip Code NY 12801		FEC Identification Number	er
Purpose of Disbursement Federal Campaign Contribution			C C00547893	
Candidate Name		Category/	Transaction ID : SB2 Amount of Each Disburse	
		Type	5. 245H Bloodist	
	nent For: 2018 Primary			2000.00
	Other (specify)		Memo Item	
State: NY District: 21			Wieme Rem	
Full Name (Last, First, Middle Initial) B. FRIENDS OF BILL POSEY			Date of Disbursement	
B. FRIENDS OF BILL POSEY			M M / D D /	Y
Mailing Address P. O. BOX 411486			08 23	2018
,	State Zip Code FL 32941		FEC Identification Number	er —
Purpose of Disbursement	32941		C C00444968	
Federal Campaign Contribution			Transaction ID : SB2	23.30908
Candidate Name		Category/ Type	Amount of Each Disburse	ement this Period
Office Sought: 🗶 House Disbursem	nent For: 2018	туре		2000.00
Senate	Primary General			- 45
State: FL District: 08	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial)				
C. FRIENDS OF CHRIS SMITH			Date of Disbursement	
Mailing Address PO BOX 3184			08 23	2018
City	State Zip Code		FEC Identification Number	er
HAMILTON Purpose of Disbursement	NJ 08619			
Federal Campaign Contribution			C C00096412 Transaction ID : SB2	22 20002
Candidate Name		Category/	Amount of Each Disburse	
Office Sought: House Disbursem	nent For: 2018	Туре		1000.00
	Primary General		<u> </u>	
	Other (specify) ▼		Memo Item	
State: NJ District: 04				
SUBTOTAL of Disbursements This Page (optional)				5000.00
TOTAL This Period (last page this line number only).			1	

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SCHEDULE B (FEC Form 3X)	He company	FOR LINE	NUMBER:	PAGE 17 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		26 27
	Detailed Summary Page	21b 28a	22 x 23 28b 28c	26 27 29 30b
Any information copied from such Reports and Statem	l nents may not be sold or us	ed by any perso	on for the purpose of so	liciting contributions
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION	ON COMMITTEE
Full Name (Last, First, Middle Initial)			D : (D):	
A. FRIENDS OF ERIK PAULSEN			Date of Disbursemen	t
Mailing Address P.O. BOX 44369 250 PRAIRIE CENTER DRIVE			08 / 13	2018
,	State Zip Code MN 55344		FEC Identification Nu	mber
Purpose of Disbursement	55344		C C00439661	
Federal Campaign Contribution		: :	Transaction ID :	SB23 30871
Candidate Name		Category/	Amount of Each Disk	
Office Sought: 🗶 House Disbursem	nent For: 2018	Туре		4000.00
Senate	Primary x General		7	7
State: MN District: 03	Other (specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF JOHN BARRASSO			Date of Disbursemen	t
M 35 A 11			M M / D D	/
Mailing Address PO BOX 52008			08 13	2018
,	State Zip Code		FEC Identification Nu	mber
CASPER Purpose of Disbursement	WY 82605		C C00436386	
Federal Campaign Contribution			Transaction ID :	SB23 30873
Candidate Name		Category/	Amount of Each Disk	
Office Sought: House Disbursem	nent For: 2018	Туре		2500.00
	Primary General		4	7 7
<u></u>	Other (specify)		Memo Item	
State: WY District: 00 Full Name (Last, First, Middle Initial)				
C. FRIENDS OF SHERROD BROWN			Date of Disbursemen	t
			M M / D D	/ Y Y Y Y Y
Mailing Address PO BOX 15293			08 13	2018
•	State Zip Code		FEC Identification Nu	mber
WASHINGTON Purpose of Disbursement	DC 20003			
Federal Campaign Contribution			C C00264697 Transaction ID:	SB22 20972
Candidate Name		Category/	Amount of Each Disk	
Office Sought: House Disbursem	nent For: 2018	Туре		5000.00
	Primary 🙀 General			5555.50
President	Other (specify) ▼		Memo Item	
State: OH District: 00			ш	
SUBTOTAL of Disbursements This Page (optional)				11500.00
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TOTAL This Period (last page this line number only).			1	

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NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) City BOWLNG GREEN Fulpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought:	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL AI Full Name (Last, First, Middle Initial) A. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: W House Senate President State: KY District: 02	ND MAXILLOFACIAL		Date of Disbursement 08 13 2018
A. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Federal Campaign Contribution Candidate Name Disbursement For: 2018 State: KY A2102 President State: KY A2102 President State: KY A2102 President State: KY A2102 Full Name (Last, First, Middle Initial) B. JOE KENNEDY FOR CONGRESS Mailing Address PO BOX 590464 City NEWTON Candidate Name Category/ Type Disbursement Federal Campaign Contribution Candidate Name Disbursement Federal Campaign Contribution Candidate Name Disbursement For: 2018 FEC Identification Number Category/ Type Date of Disbursement Federal Campaign Contribution Candidate Name Disbursement For: 2018 Senate Primary X General Other (specify) Memo Item FEC Identification Number C C00512970 Transaction ID: \$823.30876 Amount of Each Disbursement Federal Campaign Contribution Category/ Type Date of Disbursement Fed category/ Type Transaction ID: \$823.30875 Amount of Each Disbursement for: 2018 Transaction ID: \$823.30875 Amount of Each Disbursement this Perod Type Office Sought: X Senate Primary X General Disbursement For: 2018 Transaction ID: \$823.30875 Amount of Each Disbursement this Perod Type Office Sought: X Senate Primary X General Disbursement For: 2018 Transaction ID: \$823.30875 Amount of Each Disbursement this Perod Type Office Sought: X Senate Primary X General Disbursement For: 2018 Transaction ID: \$823.30875 Amount of Each Disbursement this Perod Type Office Sought: X Senate Primary X General Disbursement For: 2018 Transaction ID: \$823.30875 Amount of Each	A. GUTHRIE FOR CONGRESS Mailing Address PO BOX 9639 City BOWLING GREEN Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought:	·		08
City BOWLING GREEN Federal Campaign Contribution Candidate Name Office Sought:	City BOWLING GREEN Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: W House Senate President State: KY District: 02	·		
BOWLING GREEN Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought:	BOWLING GREEN Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: W House Disbursement Senate President State: KY District: 02	·		FEC Identification Number
Federal Campaign Contribution Candidate Name Office Sought:	Federal Campaign Contribution Candidate Name Office Sought: Senate President President Candidate Name Candidate Name			
Office Sought:	Senate President State: KY District: 02		Category/	Transaction ID : SB23.30874
State: KY District: 02 Full Name (Last, First, Middle Initial) B. JOE KENNEDY FOR CONGRESS Mailing Address PO BOX 590464 City NEWTON Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: X House Primary X General Other (specify) ALEXANDRIA Purpose of Disbursement Federal Campaign Contribution Full Name (Last, First, Middle Initial) C. KAINE FOR VIRGINIA Mailing Address 1751 POTOMAC GREENS DRIVE City ALEXANDRIA Purpose of Disbursement Federal Campaign Contribution Candidate Name District: 04 State VA 22314 Purpose of Disbursement Federal Campaign Contribution Candidate Name District: 04 FEC Identification Number Category/ Type Memo Item FEC Identification Number Category/ Type Date of Disbursement FEC Identification Number FEC Identification Number Category/ Type Transaction ID: SB23.30876 Amount of Each Disbursement FEC Identification Number C C00495358 Transaction ID: SB23.30875 Amount of Each Disbursement this Period Office Sought: House Primary X General Other (specify) Memo Item	State: KY District: 02	Primary X General	Туре	5000.00
Mailing Address PO BOX 590464 City NEWTON Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: State: Mailing Address PO BOX 590464 Category/ Office Sought: State: Mailing Address PO BOX 590464 Category/ Type Disbursement For: 2018 Primary X General Other (specify) Memo Item President Category/ Type Date of Disbursement FEC Identification Number Category/ Transaction ID : SB23.30876 Amount of Each Disbursement this Period Memo Item FEC Identification Number Category/ Type Transaction ID : SB23.30876 Amount of Each Disbursement this Period Memo Item FEC Identification Number Category/ Type FEC Identification Number Category/ Type Transaction ID : SB23.30875 Amount of Each Disbursement FEC Identification Number Category/ Type Office Sought: House Primary X General Other (specify) Type Memo Item Memo Item Memo Item		Other (specify) ▼		Memo Item
NEWTON Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought:	JOE KENNEDY FOR CONGRESS			M = M / D = D / Y = Y = Y
Office Sought:	NEWTON Purpose of Disbursement Federal Campaign Contribution			C C00512970 Transaction ID : SB23.30876
Mailing Address 1751 POTOMAC GREENS DRIVE City ALEXANDRIA Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House President Date of Disbursement M M M ON ON ON ON ON ON ON ON ON O	Senate President C	Primary x General	Турс	
City ALEXANDRIA Purpose of Disbursement Federal Campaign Contribution Candidate Name Office Sought: House President Disbursement For: 2018 Primary Senate President Other (specify) Memo Item Other Soughts Disbursement State Zip Code 22314 FEC Identification Number C C00495358 Transaction ID: SB23.30875 Amount of Each Disbursement this Period Memo Item	•			
ALEXANDRIA Purpose of Disbursement Federal Campaign Contribution Candidate Name Category/ Type Office Sought: House Primary Senate President Disbursement For: 2018 Primary General Other (specify) Memo Item	Mailing Address 1751 POTOMAC GREENS DRIVE			
Federal Campaign Contribution Candidate Name Category/ Type Office Sought: House Primary Senate President President Other (specify) Memo Item	ALEXANDRIA	'		
Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼ Memo Item	Federal Campaign Contribution			Transaction ID : SB23.30875
	x Senate F	Primary X General	туре	
	State: VA District: 00			

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SCHEDULE B (FEC Form 3X)	Haranana I. I. C.	FOR LINE NUMBER: PAGE 19 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) 21b 22 x 23 26 27
	Detailed Summary Page	210 22 x 23 26 27 26 28 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or used	by any person for the purpose of soliciting contributions
		I committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL S	SURGEONS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)		
A. KURT SCHRADER FOR CONGRE	SS	Date of Disbursement
Mailing Address PO BOX 3314		08 13 2018
,	itate Zip Code OR 97045	FEC Identification Number
Purpose of Disbursement	ı	C C00446906
Federal Campaign Contribution Candidate Name		Transaction ID : SB23.30887
Candidate Name		Category/ Amount of Each Disbursement this Period Type
	nent For: 2018	3000.00
	Primary ∡ General Other (specify) ▼	п
State: OR District: 05	outer (opeony) v	Memo Item
Full Name (Last, First, Middle Initial)		
B. LARSON FOR CONGRESS		Date of Disbursement
Mailing Address PO BOX 261172		08 23 2018
	itate Zip Code	FEC Identification Number
HARTFORD Purpose of Disbursement	CT 06126	C C00330142
Federal Campaign Contribution		Transaction ID : SB23,30906
Candidate Name	•	Category/ Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For: 2018	Type 3000.00
Senate	Primary x General	
President State: CT District: 01	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		
C. LOFGREN FOR CONGRESS		Date of Disbursement
Mailing Address C/O CONTRIBUTION SOLUTIONS 1346 THE ALAMEDA, STE. 7-380	, LLC	08 23 2018
	State Zip Code	FEC Identification Number
SAN JOSE Purpose of Disbursement	CA 95126	
Federal Campaign Contribution		C C00289603
Candidate Name		Category/ Type Transaction ID : SB23.30907 Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For: 2018	2000.00
Senate	Primary General	
State: CA District: 19	Other (specify) ▼	Memo Item
Simo. On Simot. 19		
SUBTOTAL of Disbursements This Page (optional)		8000.00
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SCHEDULE B (FEC Form 3X)	Hannan I I I I I I I	FOR LINE NUMBER: PAGE 20 OF 2
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) 21b 22 x 23 26 27
	Detailed Summary Page	210 22 x 23 26 27 28a 28b 28c 29 30b
Any information copied from such Reports and States	nents may not be sold or used	d by any person for the purpose of soliciting contributions
		al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	AND MAXILLOFACIAL S	SURGEONS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)		
A. MCCASKILL FOR MISSOURI		Date of Disbursement
Mailing Address PO BOX 300077		08 13 7 2018
City ST LOUIS	State Zip Code MO 63130	FEC Identification Number
Purpose of Disbursement	63130	C C00431304
Federal Campaign Contribution		Transaction ID : SB23.30880
Candidate Name	"	Category/ Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: 2018	Type 3000.00
x Senate	Primary x General	4 4
State: MO District: 00	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
B. MICHAEL BURGESS FOR CONG	RESS	Date of Disbursement
Mailing Address DO DOV 2004		08 13 2018
Mailing Address PO BOX 2334		06 13 2016
,	State Zip Code	FEC Identification Number
DENTON Purpose of Disbursement	TX 76202	C C00372532
Federal Campaign Contribution		Transaction ID : SB23,30881
Candidate Name		Category/ Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For: 2018	Type 5000.00
Senate	Primary x General	4-14-14-14-14-14-14-14-14-14-14-14-14-14
President State: TX District: 26	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		
C. MIKE JOHNSON FOR LOUISIANA	Ą	Date of Disbursement
Mailing Address 2900 CLEARVIEW PKWY		08 23 2018
SUITE 206		2010
	State Zip Code	FEC Identification Number
METAIRIE Purpose of Disbursement	LA 70006	C C00608695
Federal Campaign Contribution		Transaction ID : SB23.30904
Candidate Name		Category/ Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: 2018	Type 1500.00
Senate	Primary X General	
State: LA District: 04	Other (specify) ▼	Memo Item
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SUBTOTAL of Disbursements This Page (optional)		9500.00
TOTAL This Period (last page this line number only)	1	
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SCHEDULE B (FEC Form 3X)	Harana I. J. 11.	FOR LINE NUMBER: PAGE 21 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 x 23 26 27 28a 28b 28c 29 30b
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL S	URGEONS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. PALLONE FOR CONGRESS		Date of Disbursement
Mailing Address PO BOX 3176	<u> </u>	08 13 2018
City LONG BRANCH Purpose of Disbursement	State Zip Code NJ 07740	FEC Identification Number
Federal Campaign Contribution Candidate Name		Category/ Co0226928 Transaction ID : SB23.30882 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary	Type 4000.00
State: NJ District: 06	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial) B. PEOPLE FOR BEN Mailing Address PO BOX 31129		Date of Disbursement 08 13 2018
City	State Zip Code	FEC Identification Number
SANTA FE Purpose of Disbursement Federal Campaign Contribution	NM 87594	C C00443689
Candidate Name		Category/ Type Transaction ID : SB23.30883 Amount of Each Disbursement this Period
Senate President	nent For: 2018 Primary	5000.00 Memo Item
State: NM District: 03 Full Name (Last, First, Middle Initial) C. RALPH ABRAHAM FOR CONGRE	 :ss	Date of Disbursement
Mailing Address P.O. BOX 14062		08 13 2018
City MONROE Purpose of Disbursement Federal Campaign Contribution	State Zip Code LA 71207	FEC Identification Number C C00563940
Candidate Name		Transaction ID : SB23.30864 Category/ Type Transaction ID : SB23.30864 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary	2000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		11000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only conditions 21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial) A. RICHARD E NEAL FOR CONGRE Mailing Address 76 MAGNOLIA TERRACE	SS COMMITTEE		Date of Disbursement 08 13 2018
	Note 7: Code		
SPRINGFIELD	State Zip Code MA 01108		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	C C00226522 Transaction ID : SB23.30884 Amount of Each Disbursement this Period
	nent For: 2018 Primary	Type	3000.00
	Primary x General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. RICK SCOTT FOR FLORIDA Mailing Address PO BOX 3791			Date of Disbursement M
	I		00 23 2010
City TALLAHASSEE Purpose of Disbursement Federal Campaign Contribution	State Zip Code FL 32315		C C00676965 Transaction ID : SB23.30909
Candidate Name	"	Category/ Type	Amount of Each Disbursement this Period
x Senate	nent For: 2018 Primary		1500.00
State: FL District: 00			Memo Item
Full Name (Last, First, Middle Initial) C. ROBIN KELLY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 6953			08 23 2018
CHICAGO	State Zip Code IL 60680		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	C C00539866 Transaction ID : SB23.30905 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary General Other (specify)	Type	4000.00
State: IL District: 02			Memo Item
SUBTOTAL of Disbursements This Page (optional)		······	8500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 OF 28	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial) A. ROSKAM FOR CONGRESS COM Mailing Address P. O. BOX 713	MITTEE		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WHEATON	State Zip Code IL 60187		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	C C00410969 Transaction ID : SB23.30886 Amount of Each Disbursement this Period
Office Sought: X House Disburser Senate President State: IL District: 06	nent For: 2018 Primary	Туре	2000.00 Memo Item
Full Name (Last, First, Middle Initial) B. SALUD CARBAJAL FOR CONGRI Mailing Address PO BOX 1290	ESS		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SANTA BARBARA Purpose of Disbursement Federal Campaign Contribution Candidate Name	State Zip Code CA 93102	Category/ Type	FEC Identification Number C C00576041 Transaction ID: SB23.30901 Amount of Each Disbursement this Period
Office Sought: Senate President State: CA District: 24	nent For: 2018 Primary x General Other (specify)		3000.00 Memo Item
Full Name (Last, First, Middle Initial) C. STABENOW FOR US SENATE			Date of Disbursement
Mailing Address P.O. BOX 4945 City [5]	State Zip Code		08 13 2018
EAST LANSING Purpose of Disbursement Federal Campaign Contribution Candidate Name	MI 48826	Category/ Type	C C00344473 Transaction ID : SB23.30888 Amount of Each Disbursement this Period
Office Sought: House Senate President State: MI District: 00	nent For: 2018 Primary X General Other (specify) V	71-	2000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		······	7000.00
TOTAL This Period (last page this line number only)			1

SCHEDULE B (FEC Form 3X) Use separate schedule(s) (check only one)		-	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A			
Full Name (Last, First, Middle Initial) A. STEVE CHABOT FOR CONGRES	 S		Date of Disbursement
Mailing Address 3030 HARRISON AVE.			08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CINCINNATI	State Zip Code OH 45211		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Catagory	C C00301838 Transaction ID : SB23.30889 Amount of Each Disburgement this Beried
	nent For: 2018	Category/ Type	Amount of Each Disbursement this Period 3000.00
	Primary ∡ General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. STIVERS FOR CONGRESS			Date of Disbursement
Mailing Address 4679 WINTERSET DR			08 13 2018
City COLUMBUS Purpose of Disbursement Federal Campaign Contribution	State Zip Code OH 43220		FEC Identification Number C C00441352
Candidate Name		Category/ Type	Transaction ID: SB23.30890 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary 🗶 General Other (specify)		2500.00
State: OH District: 15	Оптет (вреспу)		Memo Item
Full Name (Last, First, Middle Initial) C. SWALWELL FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 2847			08 23 2018
DUBLIN	State Zip Code CA 94568		FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution Candidate Name		Category/	C C00502294 Transaction ID : SB23.30911 Amount of Each Disbursement this Period
Senate	nent For: 2018 Primary General Other (specify)	Туре	2500.00
State: CA District: 15	Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	8000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 25 OF 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 x 23 26 27
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	7.	
' '	ND MAXILLOFACIAL S	URGEONS POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)		5
A. TOM MACARTHUR FOR CONGRE	ESS INC.	Date of Disbursement
Mailing Address PO BOX 999		08 13 2018
City	State Zip Code	FEC Identification Number
22.00.1	NJ 08818	T EO Identification Number
Purpose of Disbursement Federal Campaign Contribution	l r	C C00557520
Candidate Name		Transaction ID : SB23.30879
Candidate Name		Category/ Amount of Each Disbursement this Period Type
Office Sought: 🗶 House Disbursem	nent For: 2018	2500.00
	Primary x General	7 7 7
President State: NJ District: 03	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
B. UPTON FOR ALL OF US		Date of Disbursement
	M M / D D / Y Y Y Y	
Mailing Address PO BOX 490		08 13 2018
,	State Zip Code MI 49085	FEC Identification Number
ST. JOSEPH Purpose of Disbursement	MI 49085	C C00200584
Federal Campaign Contribution		
Candidate Name	Transaction ID : SB23.30891 Category/ Amount of Each Disbursement this Period	
		Туре
	nent For: 2018	2500.00
	Primary x General Other (specify)	
State: MI District: 06	Other (Specify)	Memo Item
Full Name (Last, First, Middle Initial)		
C. VOLUNTEERS FOR SHIMKUS		Date of Disbursement
Matter Address DO DOV 001		M M / D D / Y Y Y Y
Mailing Address PO BOX 661		08 13 2018
City	state Zip Code	EEC Identification Number
COLLINSVILLE	IL 62234	FEC Identification Number
Purpose of Disbursement Federal Campaign Contribution		C C00258855
Candidate Name	Transaction ID : SB23.30892	
Candidate Haine		Category/ Amount of Each Disbursement this Period Type
Office Sought: House Disbursem	nent For: 2018	3000.00
	Primary x General	4-14-14-14-14-14-14-14-14-14-14-14-14-14
President	Other (specify) ▼	Memo Item
State: IL District: 15		Monto Rom
SURTOTAL of Dishursements This Dage (entional)		8000.00
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only).		

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SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 26					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 🗶 23 26 27				
	Detailed Summary Page	28a	28b 28c 29 30b				
Any information copied from such Reports and Statem							
or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORAL A	ND MAXILLOFACIAL	SURGEONS	S POLITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)			Date of Dishum areas				
A. WALDEN FOR CONGRESS	Date of Disbursement						
Mailing Address PO BOX 1091			08 13 2018				
,	State Zip Code OR 97031		FEC Identification Number				
Purpose of Disbursement	9/031		C C00333427				
Federal Campaign Contribution			Transaction ID : SB23.30893				
Candidate Name		Category/	Amount of Each Disbursement this Period				
Office Sought: 🗶 House Disbursem	nent For: 2018	Туре	3000.00				
	Primary General						
State: OR District: 02	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
B. WICKER FOR SENATE			Date of Disbursement				
Mailing Address DO DOV 04		M M / D D / Y Y Y Y Y					
Mailing Address PO BOX 64			08 16 2018				
,	State Zip Code		FEC Identification Number				
JACKSON Purpose of Disbursement	MS 39205		C C00443218				
Federal Campaign Contribution	Transaction ID : SB23.30900						
Candidate Name	Amount of Each Disbursement this Period						
Office Sought: House Disbursem	nent For: 2018	Туре	2000.00				
x Senate	4-14-14-14-14-14-14-14-14-14-14-14-14-14						
<u> </u>	Other (specify)		Memo Item				
State: MS District: 00 Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y				
Mailing Address							
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement			C				
· 	<u> </u>						
Candidate Name	Amount of Each Disbursement this Period						
Office Sought: House Disbursem	nent For:	Туре					
Senate	7 7 7						
	Other (specify) ▼ Memo Item						
State: District:							
SUBTOTAL of Disbursements This Page (optional)			5000.00				
			44,9000,00				
TOTAL This Period (last page this line number only).			118000.00				

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SCHEDULE B (FEC Form 3X)	E B (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 OF 28								
ITEMIZED DISBURSEMENTS	I llos concrete cobodulo(s) I			(check only one)								
	Detailed		21l 28a		22 28b	2	3 8c	20 29		27 30b		
And information and discount Department Out												
Any information copied from such Reports and State or for commercial purposes, other than using the na	ame and add	lress of any politic	cal comm	ny pe nittee	to sol	or the licit cor	ntributi	se c ions	from	such c	ontributi	ee.
NAME OF COMMITTEE (In Full)												
AMERICAN ASSOCIATION OF ORAL	AND MAX	XILLOFACIAL	SURG	EON	NS P	OLIT	ICAL	. AC	CTIOI	И СС	MMIT	TEE
Full Name (Last, First, Middle Initial) A. Bruksch Matthew						Date of	Diehr	ırca	ment			
A. Bruksch, Matthew, , ,						M M / D D / Y Y Y Y						
Mailing Address 425 Roxbury Rd] [08	ľL	30			2018	
City	State	Zip Code			-	FEC Identification Number						
Rockford	IL	61107										
Purpose of Disbursement Refund of Contribution that was processed twice	ov mistake					C						
Candidate Name				٠		Transaction ID : SB28A.30931 Amount of Each Disbursement this Period						
Canadate Hame			Categ Typ		A	Amount	t of Ea	ach	Disbur	semer	it this P	eriod
Office Sought: House Disburs	ement For:		- 7 -		11						250.00	ם [
Senate	Primary	General			1.							
President	Other (spe	ecify) 🔻			ΙГ	Me	mo Ite	em				
State: District:					-							
Full Name (Last, First, Middle Initial) B.						Date of	Diehi	ırea	ment			
D.						Date of Disbursement						
Mailing Address						_ M = M / D = D / Y = Y = Y					'	
City	State	Zip Code			F	EC Id	entifica	ation	Numl	ber		
Purpose of Disbursement					٦ إ							
Tulpece of Biobaldonicité								_				
Candidate Name Category/					A	Amount	t of Ea	ach	Disbur	semer	nt this P	eriod
Туре				Jr								
	ement For:					4 4						
Senate President		Primary General Other (specify)										
State: District:	Other (spe	Other (specify)					mo Ite	em				
Full Name (Last, First, Middle Initial)					+							
C.						Date of	Disbu	ırse	ment			
					4 6	M M / D D / Y Y Y Y						
Mailing Address							1 1	_	_	_		
City	State	Zip Code			F	EC Id	entifica	ation	Numl	ber		
Purpose of Disbursement					- [
						C						
Candidate Name Category/					Α	Amount of Each Disbursement this Period					eriod	
			Тур	e´	_ г	-		-	-	_		
	ment For:						_			1 40		
Senate President	Primary General											
State: District:	Other (specify) ▼					Me	mo Ite	em				
						_	-	-	_	_		_
SUBTOTAL of Disbursements This Page (optional)				▶						-	250.0	0
					i	_	,		_		050.0	0
TOTAL This Period (last page this line number onl	y)			▶							250.0	U

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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X	9
	10

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose):						
Illinois Department of Revenue	State Tax Overpymt for 2008 carryover 09						
·							
Mailing Address PO Box 19008							
City	_						
Springfield	State IL	Zip Code 62794-9008					
	"=	02134-3000					
Outstanding Balance Beginning This Period			Transaction ID: SD9.18338				
55.00							
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period				
0.00		0.00	55.00				
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):				
b. I dil Name (Last, 1 list, Middle Illitial) of Debtor	or Orealion		Nature of Debt (Fulpose).				
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period							
Associated Institute of This Posited	D-	yment This Period	Outstanding Palamas at Olass of This Paried				
Amount Incurred This Period	Outstanding Balance at Close of This Period						
		·					
C. Full Name (Last, First, Middle Initial) of Debto	Nature of Debt (Purpose):						
Mailing Address			-				
City	State	Zip Code					
Outstanding Balance Beginning This Period							
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period				
) SUBTOTALS This Period This Page (optional)		>	55.00				
) TOTALO TI: D : 1 (1 :	55.00						
) TOTALS This Period (last page this line number	55.00						
) TOTAL OUTSTANDING LOANS from Schedule	0.00						
, TOTAL OUTOTANDING LOANS HOM Scriedule							
) ADD 2) and 3) and carry forward to appropriate	55.00						
. , , , , , , , , , , , , , , , , , , ,							